



ADDICTIVE BEHAVIORS AND DEPRESSION AMONG AFRICAN AMERICANS RESIDING IN A PUBLIC HOUSING COMMUNITY

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Abstract — Numerous studies have indicated that there is an association between cigarette smoking, alcohol use, and depression. However, little attention has been devoted to understanding how demographic factors, such as socioeconomic status and ethnicity, influence these relationships. To address this gap in the literature, cigarette and alcohol use were examined in a sample of African Americans from an urban area. A single public-housing community in Washington, DC was selected for complete ascertainment of the adult population. A total of 126 African American subjects were recruited. Semi-structured interviews were conducted to assess depressive symptoms and to characterize cigarette and alcohol use patterns. Cigarette smoking was not related to the severity of depressive symptoms. By contrast, increased symptoms of depression were related to alcohol use patterns. Light drinkers had a mean score of 5.77 on the Centers for Epidemiologic Studies Depression Scale, compared to a mean of 8.30 for abstainers and 10.07 for heavy drinkers ($F = 4.968, p < .003$). An analysis of patterns of substance use revealed that subjects were more likely to either abstain from both substances (30.2%) or to use both substances (32.5%) ($\chi^2 = 8.516, df = 1, p < .004$). It is unclear which specific processes work to link alcohol use and depressive symptoms in this group of urban African Americans from a low-income community. What is clear is that alcohol use is clearly related to depressive symptoms in the sample. It is hypothesized that both self-medicating processes and substance-induced depressive symptoms may be responsible for these findings. Important factors to consider in developing effective intervention programs that target this specific population are discussed. © 2000 Elsevier Science Ltd

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INTRODUCTION

Cigarette smoking and alcohol misuse are common maladaptive behaviors in the United States (Centers for Disease Control, 1993; Pierce, Giovino, Hatziandreu, & Shopland, 1989; Slade, 1989; U.S. Bureau of the Census, 1997). Historically, the ill health effects resulting from these behaviors have disproportionately affected African Americans (Centers for Disease Control, 1993; Feigelman & Gorman, 1989). Cigarette and alcohol addiction have been linked to substantial rates of morbidity and mortality, which carry significant monetary and human costs (Nelson & Stussman, 1994; Schwartz & Swanson, 1997; Slade, 1989; Willems, Hunt, & Schorling, 1997). Targeted advertising practices and limited awareness of cancer-causing behaviors have been noted as influential determinants of continued use of these substances (Crews, 1994; Shervington, 1994).

In addition to these structural factors, there are a number of important psychosocial factors that influence choices about cigarette and alcohol consumption. Mood regulation is one variable that has been consistently linked to these behaviors. Smokers, particularly nicotine-dependent smokers, have consistently been shown to be more likely

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to suffer from a depressive disorder (Anda et al., 1990; Breslau, Kilbey, & Andreski, 1993; Glassman et al., 1988; Lerman et al., 1996). Similarly, alcohol use disorders have also been associated with depression (Grant & Hartford, 1995; Lipton, 1994; Schoenborn & Horm, 1993).

The self-medication hypothesis (Khantzian, 1985) is a theoretical explanation of the link between substance use disorders and psychiatric illness. This theory is rooted in psychodynamic theory and supported by evidence from neurobiological changes associated with drug use (Markou, Kosten, & Kook, 1998). The self-medication hypothesis contends that substance use can be understood as an attempt to alter undesirable mood states (Khantzian, 1985; Weiss, Griffin, & Mirin, 1992). An exacting interpretation of the self-medication process presumes the existence of an independent depressive disorder that logically relates to the substance use disorder in terms of temporal development and function. In other words, verification of a true self-medicating process demands that the emergence of maladaptive substance use patterns and consequent substance use disorders stem from self-administration of addictive substances to alleviate symptoms of a preexisting, independent mental or physical disorder (Raimo & Schuckit, 1998). Indeed, well-executed empirical research has not supported the notion of increased risk of independent major depression among substance abusers (Merikangas et al., 1998; Raimo & Schuckit, 1998). Furthermore, the comorbidity between depressive disorders and cigarette smoking has been more aptly explained by common or correlated risk factors (Fergusson, Lynskey, & Horwood, 1996; Kendler et al., 1993).

Although the influence of self-medicating motives on initiation of substance use remains muddled, the mood-altering effects associated with substances of abuse are quite clear (Markou et al., 1998). Thus, it is important to adequately explore all avenues toward explaining the link between substance use disorders and depressive illness. In empirical evaluations of the self-medication hypothesis, the literature suggests that people frequently report using addictive substances in response to depressive symptoms (Weiss et al., 1992). However, this method of managing depressive symptoms has been shown to have little or no positive effect on symptoms (Hendrie, Sairally, & Starkey, 1998). In fact, the changes in neurotransmitter functioning resulting from repeated administration of and withdrawal from many drugs of abuse creates the potential for developing and/or exacerbating depressive symptoms (Markou et al., 1998). It has been suggested that any self-medicating processes associated with substance abuse may actually reflect attempts to counterbalance changes in neurotransmitter function produced by prolonged drug administration and to alleviate withdrawal symptoms (Markou et al., 1998).

The impact of substance-induced depression on the epidemiologic evidence linking drug use to depression cannot be overlooked. Schuckit et al. (1997) sampled 2,845 alcoholics and gathered retrospective data regarding the temporal relationship between onset of mood disorders and the emergence of a substance use disorder as classified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*; American Psychiatric Association, 1987). Their results revealed that 15.2% of subjects had independent depressive disorders, compared to 26.4% who had at least one substance-induced depressive episode. A 5-year prospective study investigating the role of depression in stages of smoking was carried out in a sample of 1,007 young adults aged 21–30 years (Breslau, Peterson, Schultz, Chilcoat, & Andreski, 1998). The results revealed that not only was a history of major depression associated with an increase in risk of becoming a regular smoker, but daily smoking increased the risk for developing a later depres-

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